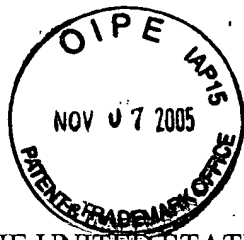


00862.002098



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: D.C. Dinh
TOSHIAKI IGARASHI ET AL.)
: Group Art Unit: 2152
Application No.: 09/017,295)
: Filed: February 2, 1998)
: For: NETWORK DATA BASE)
: CONTROL DEVICE AND)
: METHOD THEREOF) November 3, 2005

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR INTERVIEW
AND
PRELIMINARY AMENDMENT

Sir:

Prior to examination, please amend the above-identified application as follows:

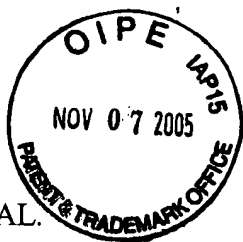
I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

November 3, 2005
(Date of Deposit)

Frank L. Cire, Reg. No. 42,419
(Name of Attorney for Applicant)

Signature

November 3, 2005
Date of Signature



In re Application of:

TOSHIAKI IGARASHI, ET AL.

Application No.: 09/017,295

Filed: February 2, 1998

For: NETWORK DATA BASE CONTROL DEVICE
AND METHOD THEREOF

Docket No.

00862.002098.

Examiner: D.C. Dinh

Group Art Unit: 2152

Date: November 3, 2005

Mail Stop RCE
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21	MINUS	31	= 0	x \$25 \$50	\$.00
INDEP. CLAIMS	3	MINUS	9	= 0	x \$100 \$200	\$.00
Fee for Multiple Dependent claims \$180°/\$360						\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Frank L. Cire
Attorney for Applicants
Registration No.: 42,419

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3800
Facsimile: (212) 218-2200